Doc Code: TRAN.LET Doorment Description: Transmittal Letter PTO/SB/21 (07-09) Approved for use through 07/31/2012. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/582,349 TRANSMITTAL Filing Date January 8, 2008 First Named Inventor FORM Michael KAMLEITER Art Unit 1777 **Examiner Name** K. S. Menon (to be used for all correspondence after initial filing) **Attorney Docket Number** 51648 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify **Terminal Disclaimer Extension of Time Request** below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Postcard Receipt

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name (Customer No. 01609) Roylance, Abrams, Berdo & Goodman, L.L.P.

Signature Mark S. Bicks

Date February 28, 2011 Reg. No. 28,770

Reply to Missing Parts/ Incomplete Application

Reply to Missing Parts

CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date

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FEB 28 2011 PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Resultion Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/582,349 **Application Number** FEE TRANSMITTAL Filing Date January 8, 2008 For FY 2009 First Named Inventor Michael KAMLEITER **Examiner Name** K. S. Menon Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1777 TOTAL AMOUNT OF PAYMENT 670 51648 Attorney Docket No. **METHOD OF PAYMENT** (check all that apply) Credit Card Money Order Check ___None Other (please identify): ✓ Deposit Account Deposit Account Number: 18-2220 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 270 540 220 110 220 Design 50 110 100 140 70 Plant 220 110 330 170 165 85 Reissue 330 540 165 270 650 325 220 Provisional 110 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) **Fee Description** Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 390 Multiple dependent claims 195 **Multiple Dependent Claims Total Claims** Extra Claims Fee Paid (\$) Fee (\$) 24 - 20 or HP = 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) -3 or HP =220 0 O HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets Fee (\$) _____ / 50 = (round **up** to a whole number) x - 100 = 4. OTHER FEE(\$) Fees Paid (\$) Notice of Appeal Fee Non-English Specification, \$130 fee (no small entity discount) 540 Other (e.g., late filing surcharge): One-Month Extension of Time Fee 130

4

SUBMITTED BY			
Signature	May Buh	Registration No. (Attorney/Agent) 28,770	Telephone (202) 659-9076
Name (Print/Type) Mark S. Bicks			Date February 28, 2011

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